POLICY AND PROCEDURE

Policy Title:	Infant Feeding			
Applies To:	Staff, physicians, learners, and volunteers in NS Health and IWK Health facilities, programs, and sites.			
Location Applicability:	IWK/NSH Acute Care and Community			
Approved:	**NSHA:**	August 21, 2025	**IWK:**	July 8, 2025
Effective:	**NSHA:**	October 16, 2025	**IWK:**	September 16, 2025
Sponsors:	**NSHA:**	Senior Director Integrated Acute & Episodic Care Network, Nova Scotia Health Authority (NSH)	**IWK:**	Directors - Women's and Newborn Health Program and Children's Health Program – Medical, Critical Care & Rehabilitation, IWK Health
Approval Authorities:	**NSHA:**	COC	**IWK:**	Policy and Practice Committee
Manuals:	**NSHA:**	NSH MC-GA-001	**IWK:**	IWK #1115

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PURPOSE

For leadership, staff, physicians, learners, and volunteers to promote the Baby-Friendly Initiative through evidence-based support, consistent messaging, and the creation and advancement of a culture of informed decision making regarding infant feeding.

PRINCIPLES AND VALUES

1. Patients and families have a right to Family-Centred Care that supports informed decision making and respect for their individual decisions.
2. The Baby-Friendly Initiative (BFI) supports all patients and families regardless of feeding method chosen and is best implemented and monitored through Continuous Quality Improvement (CQI) strategies, care continuity, and equitable service delivery for infant feeding.
3. A Baby-Friendly culture is a shared responsibility across the health system and community, and must be inclusive of diverse cultures, perspectives, and support achievement of equity for all.
4. Safeguarding infant feeding is critical to the protection of infant food security.
5. Recognition and commitment to reduce the impact of structural, social, economic, commercial, cultural, and environmental factors on infant feeding decisions, practices, and breast and chest feeding initiation and duration.
6. Provision of consistent high-quality, evidence-based, culturally appropriate, and inclusive infant feeding support and key messages across the continuum of care.
7. Provision of Trauma-Informed care that acknowledges and respects individual experiences, fosters safety (physical, emotional, cultural and intersectional), minimizes re-traumatization, and supports informed decision-making in infant feeding practices.

8. Knowledgeable, well-informed staff, families and community members contribute to a positive breast and chest feeding culture and improved health for all.

POLICY STATEMENTS

1. All NSH/IWK facilities must protect, respect, and support the infant feeding decisions and practices of all families regardless of feeding method.
2. All NSH/IWK hospital and community health services commit to the implementation of the BFI Standards with adherence to the International Code of Marketing Breastmilk Substitutes (The WHO Code) and subsequent World Health Assembly resolutions.

2.1. All staff are provided with orientation, education and training on BFI and Infant Feeding as appropriate to their role.

2.1.1. Adherence to the Breastfeeding Committee for Canada (BCC) competency requirements for Direct and Indirect Care Providers

2.1.2. Educational courses for staff (Direct and Indirect Care Providers) as outlined in Appendix B

2.2. All education for Direct and Indirect care providers on products included in the scope of the WHO Code must be delivered by designated staff, based on scientific information only and not by a company representative.

3. All Leadership, Physicians, Staff, Learners, and volunteers must be aware of their unique responsibilities to support families under the Infant Feeding Policy:

3.1. Create an environment where breast and chest feeding is welcome anytime and anywhere in NSH/IWK facilities and communities.

3.2. Provide private spaces for infant feeding for all families, staff, and volunteers who request them within NSH and IWK facilities.

3.3. Promote, protect, and support the World Health Organization Infant and Young Child Feeding and Health Canada recommendations including:

3.3.1. Early initiation of breast and chest feeding within the first hour of life.

3.3.2. Exclusive breast and chest feeding for the first six months of life.

3.3.3. Introduction of nutritionally adequate and safe complementary foods at six months with continued breast and chest feeding up to two years and beyond.

3.3.4. Responsive, cue-based feeding for all infants.

4. All Direct Care Providers must provide families, including Substitute Decision Makers, with:

4.1. Evidence-based, culturally appropriate information regarding the importance of breast and chest feeding to support in making a fully informed decision.

4.2. Support to achieve their feeding goals safely and responsively.

4.3. Appropriate referrals for follow-up support and services as needed.

4.4. Care that prioritizes lactating parent and infant togetherness and feeding relationships.

4.5. The opportunity for Skin-to-Skin Contact immediately following birth and uninterrupted for at least one to two hours, until completion of the first feed or as long as the gestational parent wishes, including on transfer to another care area unless either gestational parent or the infant is medically unstable (see IWK – 1745 / NSH – MC-NB-001).

ROLES AND RESPONSIBILITIES

NS Health and IWK Health Leadership are responsible to:

- Demonstrate commitment and provide direction and support of all principles and standards outlined in the BCC Baby-Friendly Initiative Implementation Guideline.
  - Ensure a standard initial orientation and process for ongoing education exists (including key messages, processes and competencies required) for all physicians, staff, learners, and volunteers, appropriate to their role.
- Create and promote opportunities for collaboration between care providers, patients and families to promote consistent care.
- Establish and monitor competencies on breast and chest feeding and infant feeding support for physicians, staff, learners, and all other direct care providers appropriate to their role as per the BCC Competency Verification Resources for Direct and Indirect Care Providers
- Support and promote Quality Improvement Initiatives including mechanisms and processes that support evidence-based practice for BFI implementation and infant feeding data surveillance.
- Establish a workplace culture supportive of employee breast and chest feeding.
- Ensure that purchase arrangements for Human Milk Substitutes, specialty milk substitutes, fortifiers and feeding equipment meet the criteria outlined in the BFI Guideline Checklist
- Collaborate with partners to ensure culturally appropriate support systems are in place for infant feeding across the continuum of care (prenatal to early childhood), including during disasters and other emergencies.

NSH and IWK physicians, staff, learners, and volunteers providing direct/indirect care to pregnant/lactating persons, infants and families are responsible to:

- Collaborate with acute care and community health settings to ensure families have information and access to community and clinical supports for:
  - Provision of prenatal education and facilitate assistance with curriculum development, where appropriate.
  - Provide education on antenatal colostrum collection as appropriate.

- Breast and chest feeding and maintenance of lactation with ongoing support during separation and challenges.
- Seamless transition from hospital to community health services for ongoing support related to the care plan.

o Ensure hand expression is taught by care providers anytime in the prenatal period and from birth to discharge.

o Provide appropriate education, resources, and communication materials as per the BCC BFI Implementation Guideline.

o Provide any supplemental feedings according to IWK Policy #685A – Supplemental Feedings for Breast and Chest Feeding Children and NSH MC-GA-010.

o Provide evidence-based advice and timely support to protect breast and chest feeding to persons with medical needs that may impact infant feeding.

- Explore any concerns or questions, regarding medication use, and collaborate with pharmacy and Authorized Prescriber as needed (see LACTMED).

o In addition to the policy statements above, ensure that families with infants in the Neonatal Intensive Care Units (NICU) and Special Care Nurseries (SCN) are actively supported to:

- Breast and chest feed, as medically able, and establish milk supply as per the WHO Guideline: Promoting and Supporting Breastfeeding: the Baby-Friendly Hospital Initiative for small, sick, and preterm newborns.
- Establish skin to skin care as early and often as medically possible according to IWK Policy – 1745 Skin-to-Skin Contact for Newborns and NSH – MC-NB-001.
- Ensure early initiation of human milk expression within the first hour of birth during separation, when medically possible.
- Provide oral immune therapy as per IWK Policy– 8710 Oral Immune Therapy.

REFERENCES

Legislative Acts/References

Government of Nova Scotia. (2019). *Human Rights Act. Retrieved from* https://nslegislature.ca/sites/default/files/legc/statutes/human%20rights.pdf

Other

Baby-Friendly Implementation Guideline, Breastfeeding Committee for Canada, 2021:https://breastfeedingcanada.ca/wp-content/uploads/2021/05/BFI-Implementation-Guideline-May-19.pdf

Health Canada (25 July, 2024). Nutrition for Healthy Term Infants: Recommendations from Birth to Six Months: https://www.canada.ca/en/health-canada/services/canada-food-guide/resources/nutrition-healthy-term-infants/nutrition-healthy-term-infants-recommendations-birth-six-months.html

Health Canada (25 July, 2025) Nutrition for Healthy Term Infants: Recommendations from Six to 24 Months: https://www.canada.ca/en/health-canada/services/canada-food-guide/resources/nutrition-healthy-term-infants/nutrition-healthy-term-infants-recommendations-birth-six-months/6-24-months.html

Protecting, promoting and supporting breastfeeding: the Baby-friendly Hospital Initiative for small, sick and preterm newborns. Geneva: World Health Organization and the United Nations Children's Fund (UNICEF), 2020. License: CC BY-NC-SA 3.0 IGO. https://can01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.who.int%2Fpublications-detail-redirect%2F9789240005648&data=05%7C01%7Cjanine.mcclure%40iwk.nshealth.ca%7Cef5b7c422bfd4177381708dbae2e58d7%7C8eb23313ce754345a56a297a2412b4db%7C0%7C0%7C6

Public Health Agency of Canada. (2022). *Principles of family-centred maternity and newborn care*. https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/healthy-living/maternity-newborn-care/principles-maternity-newborn-care-fact-sheet-eng.pdf

Government of Canada (2018). *Trauma and violence-informed approaches to policy and practice.* https://www.canada.ca/en/public-health/services/publications/health-risks-safety/trauma-violence-informed-approaches-policy-practice.html

World Health Organization. (2017). Protecting, Promoting & Supporting Breastfeeding In Facilities providing maternity and newborn service

RELATED DOCUMENTS

Breastfeeding Committee for Canada BFI Guideline Checklist

UNICEF UK Baby-Friendly Initiative Standards

Accreditation Canada. https://www.accreditation.ca

The Baby-Friendly Initiative - a Quality Improvement Primer

Breastfeeding Committee for Canada - Medical Indications for Supplementation

Ensuring Competency of Direct Care Providers to Implement the Baby-Friendly Hospital Initiative

Breastfeeding Committee for Canada - Competency Verification for Indirect Care Providers

Breastfeeding Committee for Canada - Competency Verification for Indirect General Service Providers (Non Clinical Staff)

Breastfeeding Committee for Canada - Competency Verification for Direct Care Providers working in community health services

The International Code of Marketing of Breastmilk Substitutes

Global Strategy for Infant and Young Child Feeding

UNICEF Responsive Feeding Infosheet - Baby Friendly Initiative

NS Department of Health and Wellness: Health Equity Framework (2023)

LACTMED

Policies

IWK 822 Cultivating Belonging through a Respectful Workplace – Bullying and Harassment

IWK 50005 Comfort Promise – Comfort Positioning Guidelines

NSH MC-GA-005 Expressed Breast Milk: Safe Handling, Storage, Administration and Disposal

IWK 907 Labeling, Storage, Handling, Thawing, Fortification and Administration of Expressed Human Milk

IWK-1745 Skin to Skin Contact for Newborns

NSH MC-NB-001 Skin-to-Skin Contact for Healthy Term Infants

IWK 685A Supplemental Feedings for Breast and Chest Feeding Children

NSH-MC-GA-010 Supplemental Feeding for Breastfeeding Babies

NSH CL-AS-005 Goals of Care and Levels of Intervention

NSH AD-HR-020 Respectful Workplace Policy

Brochures

IWK/NSH A Parent's Guide to Skin-to-Skin Contact: What you can do to support your baby

The Infant Feeding Policy and Baby-Friendly Initiative: Information Pamphlet for Staff, Physicians, volunteers

Making an informed choice about: Feeding Your Baby

IWK Resources for Breast and Chest Feeding

Breastfeeding Basics

Infant Formula - What You Need to Know

Loving Care: Birth to 6 Months

Loving Care: 6 months to 12 months

Loving Care: Parents and Families

NSH/IWK "Together We Are Baby-Friendly" posters:

- BFI Arabic Poster 2020_Areas of Care (pdf)
- BFI Arabic Poster 2020_Generic (.pdf)
- BFI Arabic Poster 2020_PH PC W&C (.pdf)
- Infant Feeding BFI Eng WEB (.pdf)
- Infant Feeding BFI French_WEB (.pdf)

More Milk Sooner - How to Hand Express (video)

Appendices

Appendix A: Definitions

Appendix B – Education for Physicians, Staff, Learners, and Volunteers

Appendix A: Definitions

Anticipatory Guidance	Anticipatory guidance is a proactive developmentally-based counseling technique where information is used to assist parents or guardians in the understanding of the "what to expect" and how to be prepared for the process of birthing, parenting, feeding, transition to home, etc.
Authorized Prescriber	A health care professional permitted by legislation, their regulatory college, NSH, and practice setting (where applicable) to prescribe medications. The authority to order medications is not linked to any particular health profession, and may also differ within that health care profession depending upon specific competencies and skills.
Baby-Friendly Initiative (BFI)	An international program established by the World Health Organization (WHO) and UNICEF to promote, support, and protect breastfeeding worldwide in hospital and in the community. In Canada, this includes community health services reflecting the continuum of care in our healthcare system. BFI is a Quality Improvement Initiative of the organization that supports all families in their infant feeding decisions through optimal care. The Baby-Friendly Initiative Implementation Guideline describes the application of the international standards within the Canadian context.
Gestational Parent	Gender-neutral, inclusive, term that refers to anyone who has/will give birth.
Breast and Chest Feeding	The baby, infant or child is receiving breast milk, either directly from the breast and chest or expressed. This definition may include exclusive, predominant, and partial breast and chest feeding.
Responsive Cue-Based Feeding	Feedings initiated in response to the infant's behavioral cues and ending when the infant demonstrates satiation.
Direct Care	Includes quality care for infant feeding assessment, breast and chest feeding support and education, intervention, and follow-up with families. May be offered by physicians, nurses, midwives, and certain allied health staff (Dietitians, Physiotherapists, Laboratory Technicians, Occupational Therapists, Emergency Department care providers etc.), learners, volunteers such as lactation consultants, doulas, midwives etc.
Direct Care Provider	Staff who hold primary responsibility for the provision of direct care to patients as defined above – usually nurses, lactation consultants and physicians
Family-Centered Care	A way of caring for patients that recognizes and respects the essential role of their family in their lives. Family-centred care strives to support

	and integrate families in their caregiving role; and promotes a partnership of mutual respect and support among families and staff. The guiding principles of family-centred maternity and newborn care (FCMNC) provide the basis for national, provincial, regional, and local planning and organizing of maternal and newborn services. These principles state that pregnancy and birth are normal, healthy life events and family support, participation, and informed decision-making are central to all care. Care is organized in such a way that it responds to the physical, emotional, psychosocial, and spiritual needs of the parent, the newborn, and the family.
Lactating Parent/Person	Gender-neutral, inclusive term that refers to anyone who has/will produce and release milk from their mammary glands to feed their infant.
Human-Milk Substitute	Any food being marketed or otherwise presented as a partial or total replacement for breast milk, whether or not suitable for that purpose. These foods are often referred to as formula or formula milk. (World Health Organization, 2017)
Indirect Care Provider	Care providers whose role is outside of the direct care responsibilities but come into contact with patients and their families to provide medical or other supportive care. May include physicians, nursing and allied health staff.

Infant	A child from birth to one year of age.
	• Preterm Infant - Infant born alive before 37 weeks of pregnancy are completed. Subcategories of preterm birth based on gestational age are defined as follows:
	  ○ Extremely Preterm (less than 28 weeks)
	  ○ Very Preterm (28 to less than 32 weeks)
	  ○ Moderate to late preterm (32 to 37 weeks)
	• Term Infant - An infant born between 37 and 42 completed weeks

Informed Decision Making	Supporting informed decision making includes the provision of: ○ The opportunity for mothers and lactating persons to discuss their concerns. ○ The importance of breast and chest feeding for mothers and lactating persons, baby, family, and community. ○ Health consequences for lactating parent and baby of not breast and chest feeding.

	○ Risk and cost of human milk substitutes. ○ Difficulty of reversing the decision to once breast and chest feeding is stopped. ○ Anticipatory Guidance about what to expect ○ Supports available for families Breastfeeding Committee for Canada BFI Guideline Checklist (page 14)
Leadership	Leadership includes and is not limited to: ○ Authoritative and Administrative roles including Senior Leadership Team members, Directors, and Managers Roles tasked to operationalize Baby-Friendly standards within their care setting/ unit/ department.
Learner	A student or learner who is currently in a program/service from a recognized learning institution
Responsive Bottle Feeding	For families who are bottle feeding, responsive feeding is recognized as prompt, emotionally supportive, and developmentally appropriate responses to children's hunger and satiety cues. The mother-baby and lactating parent-baby relationship will be enhanced if mothers and lactating parents: Recognize baby's cues Hold baby close during feeds Pace the feeds to meet baby's needs Avoid forcing the baby to finish the feed to prevent overfeeding Ensure that the parents give most of the feeds, particularly in the early weeks
Skin-to-Skin Contact	When a lactating person holds an infant dressed only in a diaper on their bare chest, maximizing skin contact between the two. It may also be provided by a support person identified by the lactating person when extenuating circumstances prevent them from being able to access it.
Staff	Includes all IWK and NSH employees working within hospital and communities who support (or come into contact) with lactating persons, infants, and families. This includes staff in all departments.
Supportive Environment	Environments that offer people protection from factors that can threaten good health. They foster participation and confidence in health and let people expand their capabilities, independence, and self-reliance. Conditions are created that support the ability and likelihood of choosing healthy options.

Trauma	Anything that results from experiences that overwhelm an individual's capacity to cope such as abuse and neglect, violence, family conflict, poverty, bullying, having a life-threatening illness, undergoing single/repeated and/or painful medical interventions, accidents, natural disasters, grief/loss, witnessing acts of violence, experiencing war, intergenerational and historical.
Trauma-Informed Care	Being Trauma Informed includes the recognition of signs and symptoms of trauma in Patients, families, and Team Members along with responses that integrate knowledge about trauma into policies, procedures, and practices. Trauma Informed in the context of its use in policy means that the overall intention/outcome of the policy is aligned with the theory and principles of Trauma-Informed Care. Trauma informed care includes trauma education, creating safe environments, supporting staff wellness, collaborative community partnerships, trauma screening and trauma-specific treatment. The principles of Trauma-Informed Care are Safety, Trustworthiness, Choice, Collaboration, and Empowerment. Trauma-Informed Care is a universal, systematic, strengths-based service delivery approach that is rooted in an understanding of and responsiveness to the impact of trauma that emphasizes physical, psychological, cultural, and emotional safety for both Team Members and Patients.

Appendix B – Education for Physicians, Staff, Learners, and Volunteers

EDUCATION FOR PHYSICIANS, STAFF, LEARNERS, AND VOLUNTEERS

It is recommended that all physicians, staff, learners, and volunteers who provide **Direct Care** receive education about breast and chest feeding within 6 months of hire. Ongoing education needs will be identified in the individual's personal development plan. The type of education will vary depending on their role. Please see the suggested education options below, outlined by profession in **Table 1**.

Education is also encouraged for physicians, staff, learners, and volunteers who provide secondary or supportive care (**Indirect care**) to families and babies and is outlined in **Table 2**.

All Staff, volunteers and learners who come into contact with families and babies but do not provide them with breast and chest feeding education or support (non-clinical contact) are also encouraged to receive education.

TABLE 1.	**DIRECT CARE** **Those who provide direct infant feeding assessment and teaching, breast and chest feeding support, intervention and follow up.** *Examples: Postpartum units, pediatric units, public health nursing, primary care.*
Suggested practitioners **Physicians and Nurse Practitioners** (2 options for direct care education)	Option 1: ***Latching On: How Family Physicians Can Support Breastfeeding Patients.*** Free online module, UBC Faculty of Medicine CPD (1.0 Mainpro+) To register: http://ubccpd.ca/course/breastfeeding-fp Option 2: ***Step 2 Education ES06: Breast Feeding Essentials for Physicians*** • Online course (4 hours) • Complete the registration form as directed by your department

Nursing staff	***Step 2 Education ES02: Breastfeeding Essentials*** (for staff who are caring for patients during pregnancy, birthing and for the duration of breastfeeding) **Mandatory education** Online course (20 hours)
	To register, complete the registration form as directed by your department. ***Please note: For this staff group, at least 3 hours of supervised clinical instruction is strongly recommended in addition to the ES02 course.***
Step 2 Course descriptions can be found at: - Step2 Education https://step2education.com/courses.html **ALSO AVAILABLE** 1. Registered Nurses Association of Ontario https://elearning.rnao.ca/course/info.php?id=192. 2. The Infant Feeding Policy: Together We Are Baby-Friendly (LMS course code: 0744.01) https://elearning.nshealth.ca	

TABLE 2.	**INDIRECT CARE** Care providers whose role is outside of the direct care responsibilities but come into contact with infants and their families to provide medical or other supportive care.
Suggested practitioners	
Physicians	***But I Don't Do Maternity Care!*** ***Specialist Physician Management of the Breastfeeding Patient*** • Free online module, UBC Faculty of Medicine CPD (0.25 Mainpro+) • To register: http://ubccpd.ca/course/breastfeeding-sp

All Indirect Care Providers	***Step 2 Education ES05: Breast Feeding Essentials for Allied Health*** • Online course (8 hours) • To register, complete the registration form on Staff Resource Centre. • Step 2 Course descriptions can be found at: Step2 Education https://step2education.com/courses.html Also available: The Infant Feeding Policy: Together We Are Baby-Friendly (LMS course code: 0744.01) https://elearning.nshealth.ca

POLICIES BEING REPLACED

N/A

VERSION HISTORY

Version:	Effective:	Approved by:	What's changed:
Original	YYYY-MM-DD	[Issuing Authority]	N/A
Revised	2025-09-16 (IWK) 2025-10-16 (NSHA)	COC-NSH/Policy and Practice Committee -IWK	Updated language to align with EDIRA , trauma informed care lens, removed education components that were previously included.

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